

<b>Contact Information</b>	
Name & Date of Birth	
Street Address	
City, St. ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Interests	
Tell us in which areas you are	interested.
Administration Events Crime Prevention Youth Mentoring Juvenile Justice Record Room Newsletter production Volunteer coordination	
Neighborhood Watch/No	ONPACC
Are you involved in a neighbor your area?	hood watch group? If not, would you be interested in joining a group in
Have you attended a New Orle	eans Neighborhood & Police Anti Crime Council meeting? (NONPACC)

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## **Agreement and Signature**

**Person to Notify in Case of Emergency** 

By submitting this application, I affirm that I am not a convicted felon and the facts set forth in it are true and complete. I understand that if I am accepted as an applicant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## **Our Policy**

It is the policy of the New Orleans Police Department to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in supporting the NOPD.